

Eli Toney DelRay
Petitioner

Respondent(s)

CV10-1845 VBF (RNB)

DECLARATION IN SUPPORT
OF REQUEST
TO PROCEED
IN FORMA PAUPERIS

CLERK, U.S.D.C. SOUTHERN DIVISION
MAR 26 2010
CENTRAL DISTRICT OF CALIFORNIA
DEPUTY

I, Eli Toney DelRay, declare that I am the petitioner in the above entitled case, that in support of my motion to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor; that I believe I am entitled to relief.

1. Are you presently employed? Yes No

a. If the answer is yes, state the amount of your salary or wages per month, and give the name and address of your employer. _____

b. If the answer is no, state the date of last employment and the amount of the salary and wages per month which you received. February 2006 at \$22.00 per Month

2. Have you received, within the past twelve months, any money* from any of the following sources?

- a. Business, profession or form of self-employment? Yes No
- b. Rent payments, interest or dividends? Yes No
- c. Pensions, annuities or life insurance payments? Yes No
- d. Gifts or inheritances? Yes No
- e. Any other sources? Yes No

If the answer to any of the above is yes, describe each source of money and state the amount received from each during the past twelve months: \$300.00 Government Stimulus Check

3. Do you own any cash, or do you have money in a checking or savings account? (Include any funds in prison accounts)
 Yes No

If the answer is yes, state the total value of the items owned: _____

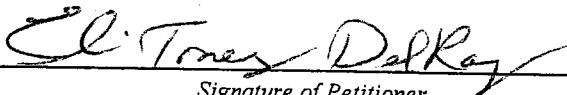
4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property? (Excluding ordinary household furnishings and clothing) Yes No

If the answer is yes, describe the property and state its approximate value: 4 year old Dell Laptop Computer used to type this Writ valued new at \$842.24

5. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support: none

I, declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

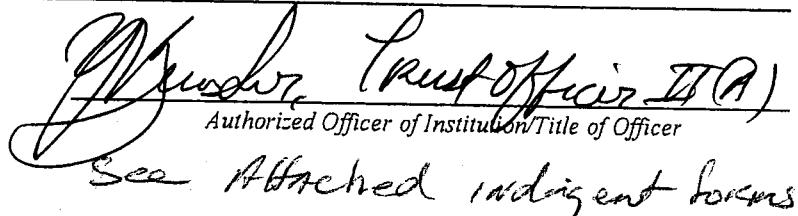
Executed on 3-10-2010
Date


Signature of Petitioner

CERTIFICATE

I hereby certify that the Petitioner herein has the sum of \$ 12 50 ~~\$ 5.00~~ on account to his credit at the Coalinga State Hospital, Coalinga, California institution where he is confined. I further certify that Petitioner likewise has the following securities to his credit according to the records of said institution: none

3-10-2010
Date


Authorized Officer of Institution/Title of Officer
See Attached indigent forms

Petitioner claims exemption under

Page V. Torrey
201 F.3d 1136

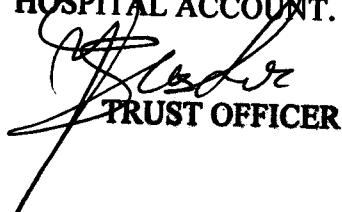
for reporting for PLRA purposes

Petitioner is a civil detainee!!



DATE 3/20/2010

THIS IS A CERTIFIED COPY OF
THE ABOVE NAMED PATIENT'S
HOSPITAL ACCOUNT.


TRUST OFFICER

**CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE
SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN ACCORDANCE WITH THE
FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).**

3/22/2010

**COALINGA STATE HOSPITAL
TRUST ACCOUNT / CASHIERS' SYSTEM II
Patient Ledger Report**

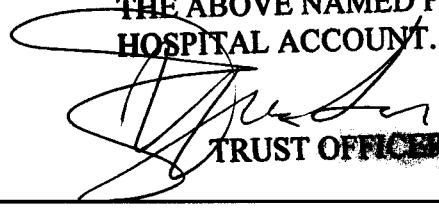
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0001552 Delray, Eli

	TransDate	Doc No.	Item	Comment	Withdrawl	Deposit	Balance
1	09/30/2009	16-28823	Joseph & Pamela Holmes	74061 Buena Vista Dr. Twentynine Palms CA 92277		\$25.00	\$25.00
2	09/30/2009	13-093009	Misc Disbursement	CASH CARD DISB	\$25.00		\$0.00
3	10/08/2009	16-28835	Treasury Dept - Fresno	Tax Return		\$300.00	\$300.00
4	10/08/2009	13-100809	Misc Disbursement	CASH CARD DISB	\$50.00		\$250.00
5	10/14/2009	13-101409	Misc Disbursement	CASH CARD DISB	\$25.00		\$225.00
6	10/21/2009	13-102109	Misc Disbursement	CASH CARD DISB	\$25.00		\$200.00
7	10/27/2009	13-102709	Misc Disbursement	CASH CARD DISB	\$50.00		\$150.00
8	10/30/2009	13-103009	Misc Disbursement	CASH CARD DISB	\$20.00		\$130.00
9	11/02/2009	16-28862	Joseph Johnson	1960 Aletha Lane Vacaville CA 95687		\$50.00	\$180.00
10	11/09/2009	13-110909	Misc Disbursement	CASH CARD DISB	\$25.00		\$155.00
11	11/10/2009	16-28869	Pamela Holmes			\$20.00	\$175.00
12	11/10/2009	ENC-11100	Create Encumbrance \$30.00	Anne Whitlock			\$175.00
13	11/12/2009	ENC-11100	Remove Encumbrance \$30.00	Anne Whitlock			\$175.00
14	11/12/2009	13-019487	Misc Disbursement	Anne Whitlock	\$30.00		\$145.00
15	11/13/2009	13-111309	Misc Disbursement	CASH CARD DISB	\$50.00		\$95.00
16	12/08/2009	13-120809	Misc Disbursement	CASH CARD DISB	\$25.00		\$70.00
17	12/15/2009	13-121509	Misc Disbursement	CASH CARD DISB	\$25.00		\$45.00
18	12/16/2009	ENC-12160	Create Encumbrance \$5.00	Donations - U12			\$45.00
19	12/16/2009	ENC-12160	Remove Encumbrance \$5.00	Donations - U12			\$45.00
20	12/16/2009	13-121609	Misc Disbursement	Donations - U12	\$5.00		\$40.00
21	12/24/2009	13-122409	Misc Disbursement	CASH CARD DISB	\$20.00		\$20.00
22	12/24/2009	13-122409	Misc Disbursement	CASH CARD DISB	\$20.00		\$0.00
23	02/22/2010	18-022210	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
24	03/10/2010	13-031010	Misc Disbursement	CASH CARD DISB	\$12.50		\$0.00
25	03/16/2010	16-30902	Pamela Holmes			\$50.00	\$50.00
26	03/16/2010	13-031610	Misc Disbursement	CASH CARD DISB	\$25.00		\$25.00
27	03/18/2010	13-031810	Misc Disbursement	CASH CARD DISB	\$20.00		\$5.00

DATE 3/22/2010

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HOSPITAL ACCOUNT.**


TRUST OFFICER

TOTAL WITHDRAWLS / DEPOSITS:

\$452.50 \$457.50

Department of Mental Health

Wadsworth State Hospital

TRUST PATIENT LEDGER REPORT REQUEST

Instructions: To request a copy of the Patient Ledger Report (ledger account), please have patient complete the information below. Requests will be faxed to the Trust Office by Unit staff. All requests received by noon in the Trust Office, will be processed and faxed to the patient's unit on the same working day before 5:00 p.m. Requests received after noon will be processed and faxed the next working day before 5:00 p.m.

PATIENT NAME El Tony DelRay
(Print)
CO# 000155-2
Unit 12

Please indicate the specific date range or check appropriate Previous Month below:

From Date _____ To Date: _____

Previous Month _____

Previous (3) Months _____

*signed by Trust administrator
for District Court*

Previous (6) Months ✓

Signed:

El Tony DelRay

(Patient Signature)

*4/1/10
FAXED
3/27/10*

Trust 40-027
(New 8/06)